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	PAT	ENT APPLIC	OITA	FEE DETE	RMINATIO	N RECORD	amation one			control number.
<u> </u>			Substit	ute for Form PT	O-875			(1) <b>9</b>	OF OF DOCKAL NO	
		CLAIME AC	בוו בס			·			13/3	171
		CLAIMS AS	umn 1)		SMALL E	AITITO.	04	OTHER THAN		
600					3WALL 6	HILLIA	OK 1	SMALL	SMALL ENTITY	
FOR NUMBER FILED NUMBER EXTRA				RATE	FEE	l	RATE	FEE		
	(37 CFR 1.16(a))					,	1			
	AL CLAIMS CFR 1.16(c))		• •				\$	OR		S.
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⋖		CLAIMS REMAINING	1	HIGHEST NUMBER	PRESENT			]	SIVIACE	ENTITY
늘		AFTER	ł	PREVIOUSLY	EXTRA	RATE	ADDI- TIONAL		RATE	ADDI-
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В		CLAIMS		HIGHEST				3		
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Z	Independent (37 CFR 1,16(b))	•	Minus	*** .	=			OR	X \$=	
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₩.				<u> </u>	L	X \$=		OR	x \$=	
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•	If the entry in o	olumn 1 is less tha	n the entr	y in column 2, writ	e "0" in column :	3.	<del></del>	J OK	ADD'L FEE	L
" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "" If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 3, enter "2".										

"If the "Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public, which is to file (and by the USFTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 29, 1999										_	
	n 2)		PE C		OR_	OTHER 1	АША				
COR NUMBER FILE							TE	FEE		RATE	FEE
ASIC FEE		755					<b>32</b>	345.00	OR		690.00
OTAL CLAIMS		3	3 minus 20	-13	Xs	9-		OR	X\$18=	234	
DEPENDENT CLAIMS 4 minus 3 = 1						X	9-		OR	X78=	78
ULTIPLE DEPENDENT CLAIM PRESENT							30-		OR	+260=	
	امم دا	mo 1 le l	es than zer	o, enter "O" in co	olumn 2	TO	TAL		OR	TOTAL	1002
CLAIMS AS AMENDED - PART II CHALL ENTITY OR SMALL ENTITY											
	RE	HUMM 1) LAIMS MADUNG VITER		MIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total Independent		NOMENT	Minus	-33	7	×	<b>0</b> -		OR	X\$18 <b>=</b>	
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ADDITION (Column 1) (Column 2) (Column 3)								ADDI-	]OR	ADDIT. FEE	ADDI-
9		EMAINING AFTER LENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT		MTE	TIONAL FEE		RATE	FEE
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				•		<b>L</b>	TOTA DIT. FEI		] 0 =	ADDIT. FE	
5-9-00		COLUMN 1) CLAIMS REMAINING AFTER		(Column 2) PUQHEST NUMBER PREVIOUSLY	PRESENT EXTRA	٦ ٦	RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE
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FIRST PR	ESENT	ATTON OF	MULTIPLE D	EPENDENT CLA		<b>ا</b> ك	+130=	+		200	
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**Application or Docket Number**